



**CALIFORNIA  
TRUCK APPLICATION  
1-10 Power Units**

Entire Application Must Be Completed and Signed

Quote #: Proposed Effective Dates: FROM: TO:

**GENERAL INFORMATION**

☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other:

Name

Mailing Address

City State ZIP Code Business Phone

E-Mail Address

Website Address

Garaging Address

City State ZIP Code

Yrs. Applicant has been Operating Under Business Name U.S. DOT # MC # CA Permit #

Are all owned vehicles kept at the primary garaging address? ☐ Yes ☐ No If no, provide the following:

Garaging/Terminal Location Address/City/State/ZIP	# Units

**OWNER/PRINCIPAL**

Owner Name (First, Middle, Last) Yrs. Experience in Trucking

Home Address Apt. #

City State ZIP Code

**DESCRIPTION OF OPERATIONS**

1. Type of Operation: ☐ For Hire ☐ Not For Hire ☐ Non-Trucking ☐ Private

2. Do you engage in operations other than trucking? ☐ Yes ☐ No

If yes, explain:

3. Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years? ☐ Yes ☐ No

If yes, provide details:

**4. Commodities Hauled:**

Commodity	% Loads	Max. Value	Commodity	% Loads	Max. Value

5. Range of Transport: ☐ Interstate ☐ Intrastate

6. Longest Trip One Way: \_\_\_\_\_ Miles

7. **Metropolitan Areas Traveled Through or Into:**

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Salt Lake City
<input type="checkbox"/> Balt.-Washington	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Diego
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Portland	<input type="checkbox"/> Seattle
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> St. Louis	<input type="checkbox"/> _____
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha		

Cities other than above or regular routes: \_\_\_\_\_

8. **Percent of Loads:** 0 - 300 Miles \_\_\_\_\_ 301 Miles + \_\_\_\_\_

**Yes No**

- ☐ ☐ 1. Are filings required?
- ☐ ☐ 2. Do you arrange loads for others in your name or a different name, or act as a freight broker or freight-forwarder? If yes:  
% of loads brokered by you to others: \_\_\_\_\_ Annual Brokerage Revenue: \$ \_\_\_\_\_  
Brokerage Name: \_\_\_\_\_ MC # \_\_\_\_\_
- ☐ ☐ 3. In circumstances where you are unable to accept a load (i.e. high capacity, unit down, etc.) do you hand off/refer loads to others? If yes:
- ☐ ☐ a. Is your name on the bill of lading or shipping documents?
- ☐ ☐ b. Do you obtain payment/financial gain from loads handed off/referred to others?
- ☐ ☐ c. Is there a written agreement? If yes, attach a copy.
- ☐ ☐ d. Indicate % of loads handed off/referred: \_\_\_\_\_
- ☐ ☐ 4. Do you use sub-haulers? If yes, cost of hire: \$ \_\_\_\_\_ Provide a copy of each contract.
- ☐ ☐ 5. Is all equipment operated under the applicant's authority scheduled on this application?  
If no, explain: \_\_\_\_\_
- ☐ ☐ 6. Is all owned equipment scheduled on this application?  
If no, explain: \_\_\_\_\_
- ☐ ☐ 7. Do the number of power units on this application match your MCS-150?  
If no, explain: \_\_\_\_\_
- ☐ ☐ 8. Do you lease your equipment to others? ☐ Power Units ☐ Trailers  
If yes, who must provide primary liability coverage? ☐ You ☐ Lessee
- ☐ ☐ 9. Do you pull doubles or triples?
- ☐ ☐ 10. Do you engage in any residential deliveries?  
If yes, explain: \_\_\_\_\_
- ☐ ☐ 11. Is any portion of your operation seasonal? If yes, explain: \_\_\_\_\_
- ☐ ☐ 12. Do you use any team, hot seat, slip seating or relay driver operations?
- ☐ ☐ 13. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
- ☐ ☐ 14. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, **complete Mobile Equipment Supplement.**
- ☐ ☐ 15. Do you haul over size, over weight loads?  
If yes, explain: \_\_\_\_\_
- ☐ ☐ 16. Do you hire escort vehicles?  
If yes, do you require them to provide a certificate of insurance?
- ☐ ☐ 17. Do you haul to/from well drilling sites or mines? If yes:
- ☐ ☐ a. List commodities hauled: \_\_\_\_\_
- ☐ ☐ b. Percent of loads these commodities represent for your business: \_\_\_\_\_
- ☐ ☐ 18. Are any of your vehicles powered by a source other than diesel or gasoline?  
If yes, explain: \_\_\_\_\_

**OWNER OPERATOR/LEASED/HIRED**

If other motor carriers or owner-operators haul for you, complete questions 1-4 below.

1. Name on the Bill of Lading: <input type="checkbox"/> Yours <input type="checkbox"/> Others			
2. On what basis are they leased?		<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/ Trip Basis
3. Are vehicles leased with driver?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all leased vehicles included in this application for insurance? If no, complete <b>T-565, Leased/Hired Autos Supplement</b> , and complete questions a-d below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you, and hold you harmless?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you secure evidence the lessor has primary auto liability coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Lessor Limit of Liability required?		\$ _____	\$ _____
d. Annual cost of hire?		\$ _____	\$ _____

Use N-3077 if additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

**DRIVER INFORMATION**

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Accidents

**DRIVER EMPLOYMENT HISTORY**

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

**DRIVER HIRING, TRAINING AND SAFETY**

- Indicate which of the following is part of your driver screening/hiring process:  
☐ Employment background check ☐ Pre-employment drug test  
☐ Criminal background check ☐ Road test  
☐ Motor vehicle record (MVR) review ☐ Pre-employment Screening Program (PSP) Report from FMCSA
- Indicate which of the following is part of your driver performance management process:  
☐ Annual review of driver's driving record (MVR) ☐ Review of electronic driver data (telematics)  
☐ Periodic review of driver and vehicle out-of service violations ☐ Incentives for violation-free and accident-free driving  
☐ Periodic review of accidents/incidents ☐ Formal corrective action procedures  
☐ Driver Cargo Securement Training ☐ Driver safety training  
☐ Driver Theft Avoidance Training
- Indicate which of the following is part of your written equipment management program:  
☐ Vehicle Inspection ☐ Vehicle Maintenance ☐ Equipment Replacement

**TRUCK TECHNOLOGY**

1. Are your trucks equipped with any of the following technologies? If none, leave blank:

	# Owned Units	# O/O* Units
Automatic Emergency Braking (AEB)		
Forward Facing Cameras		
Other:		

\*Owner/Operators or Independent Contractors

2. Indicate % of your power units have telematics installed? If none, leave blank and skip to Question 3:  
Owned Units % \_\_\_\_\_ O/O Units % \_\_\_\_\_  
a. Indicate your telematics service provider and/or data management vendor (if different, list both):  
\_\_\_\_\_  
b. Do you use telematics data to manage drivers? ☐ Yes ☐ No
3. Are your trucks equipped with technology that enables platooning, semi-autonomous, autonomous operations, or other similar operations? ☐ Yes ☐ No  
If yes, explain:  
\_\_\_\_\_

MILEAGE - Actual and Estimated

	Units	Mileage Per Unit	Total Mileage
Past 12 Months			
Next 12 Months			

Does IFTA mileage include all Owner/Operator mileage? ☐ Yes ☐ No

If no, indicate the total Owner/Operator mileage per year:  
\_\_\_\_\_

INSURANCE HISTORY AND LOSS EXPERIENCE

1. Has an insurance company cancelled or non renewed your policy in the last 3 years?  
☐ Yes ☐ No If yes, explain: \_\_\_\_\_
2. Prior years of continuous insurance coverage, with no lapse, under business name with:  
Primary Auto Liability: \_\_\_\_\_ Non-Trucking Auto Liability: \_\_\_\_\_
3. List the corporation, LLC or trade name along with MC and DOT numbers you (or if the insured is an LLC or corporation, its principals) have done business under in the past 3 years:  
Company Names and MC and DOT numbers: \_\_\_\_\_  
Insurance Provider(s): \_\_\_\_\_

EXPERIENCE INFORMATION - Provide currently valued (must be value dated within the last 3 months) Insurance Company produced detailed loss and experience auto liability, physical damage and cargo loss runs as required.

\*Coverage Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab. GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Coverage Type*	# Units Insured	# Losses
to				
to				
to				

SCHEDULE OF AUTOS

All units you own or are leased to you must be scheduled and insured if filings are to be made. If you have more than 10 power units, complete form N-2379, Fleet Application (or state equivalent).

To ensure Electronics (as defined by the policy), along with tarps, chains or binders are covered, include the value in each auto's stated value.

Finance Value Coverage - The Stated Limit of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Finance Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			
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GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			
No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			

No.	Unit ID	Year	Make	Vehicle Type	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			

ADDITIONAL INTERESTS

Type\*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee  
LI - Leased with Driver Including Non-Trucking LX - Leased with Driver Excluding Non-Trucking

Unit #	Type*	Name	Address	City	State	ZIP Code

COVERAGES

☐ AUTO LIABILITY Limits: \_\_\_\_\_ CSL

☐ LIABILITY FOR NON-TRUCKING USE Limits: \_\_\_\_\_ CSL  
Leased to: \_\_\_\_\_

☐ NONOWNERSHIP LIABILITY Number of Employees: \_\_\_\_\_

☐ HIRED AUTO LIABILITY Cost of Hire: \_\_\_\_\_

☐ SUBHAUL HIRED AUTO LIABILITY Cost of Hire: \_\_\_\_\_

☐ MEDICAL PAYMENTS Limits: \_\_\_\_\_

☐ REPORTING BASIS: ☐ Revenue ☐ Mileage ☐ Units

☐ DEDUCTIBLE REIMBURSEMENT Complete and Attach Supplement

☐ TRAILER INTERCHANGE Provide a Copy of Agreement

# of Power Units Under Agreement: \_\_\_\_\_ Maximum Trailer Value: \_\_\_\_\_

# Trailer Days per Power Unit Per Year: \_\_\_\_\_ Deductible: \_\_\_\_\_

PHYSICAL DAMAGE DEDUCTIBLES

☐ Comprehensive \_\_\_\_\_ OR ☐ Specified Causes of Loss \_\_\_\_\_

☐ Collision \_\_\_\_\_

☐ HIRED AUTO PHYSICAL DAMAGE Complete and Attach Supplement

☐ CARGO Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

OPTIONAL CARGO COVERAGES: (Check all that apply)

☐ Temperature Control ☐ Electronics ☐ Hired Auto Cargo

☐ Aluminum, Copper ☐ Hard Liquor Cost of Hire: \_\_\_\_\_

☐ Additional Earned Freight Increase Limit to \$5,000 ☐ Pharmaceuticals

COMBINED DEDUCTIBLE Coverage included unless declined. <input type="checkbox"/> Decline Combined Deductible	RENTAL REIMBURSEMENT <input type="checkbox"/> Selected Units OR <input type="checkbox"/> All Units Amount Per Day: _____	Days of Coverage: <input type="checkbox"/> 30 <input type="checkbox"/> 120	<input type="checkbox"/> DELUXE COVERAGE ENDORSEMENT
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☐ ROADSIDE ASSISTANCE AND TOWING COVERAGE  
☐ All eligible power units ☐ Selected power units

☐ GENERAL LIABILITY Complete and Attach GL Application Supplement

UNINSURED / UNDERINSURED MOTORISTS OPTIONS - Quoting Purposes Only

☐ UNINSURED (INCL. UNDERINSURED) MOTORISTS BODILY INJURY COVERAGE Limits: \_\_\_\_\_

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorists Coverage Application must be completed and signed by the applicant when binding coverage.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[https://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](https://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

## SIGNATURES

I authorize Northland Insurance Companies to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

**Disclosure:** In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. The credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

I authorize Northland Insurance Companies to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Northland Insurance Companies.

By signing below, I declare that the statements contained herein are true and accurate, and that all commercially owned or operated vehicles have been disclosed to you and are listed on this Application. I further agree that I will immediately notify you of any changes to the drivers or vehicles put into service in the future, and that I will immediately report all accidents, losses or claims, regardless of fault or the severity of the damage or injury.

I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. **For your protection California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.** By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S TITLE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #

**(Must be checked, if applicable)**

☐ Pursuant to California Insurance Code section 1623, I acknowledge that I am submitting this application as a licensed insurance broker.  
Broker License Number \_\_\_\_\_